of iodine content in salt at household level indicated a very low eve of iodine amongst the samples studied. Studies on thyroid honnone and growth and development amongst school children is proposed.

Drug uss specially intra-venous (IV) users are an important public health issue with an expected 1 per cent' level of abusers. The Centre has proposed to develop a network for providing'de-addiction programme facilities in collaboration with the All India Institute of Medical Sciences.

S.reening of 8000 persons revealed an infection rate of 0.75 per thousand screened in upper Assam. Six were scro positive. None of the 500 tea garden workers and 1500 members from IOC showed HIV infection. Surveys for knowledge and attitude related to AIDS amongst collegg students indicates a poor response.

Studies on indigBfflous plant have been! proposed in collaboration with RRL, Jorhat. Exchange of technical know-how and facilities would form an important component.

The Centre is interacting with other sister institutions and local scientists as well as ICMR institutes all over the country and plans to set up never and more advanced te:hniques for 'sero diag-nosis and investigations.

Similarly a wide net work of Nagaland, Manipur, Arunachal Pradesh, Mizoram and Assam has been covered to study the cases of nasopharyngeal cancer from the various medical colleges in the region. At Mizoram, 5 cases of nasopharyngeal cancer were seen attending the collabo-ratiag centre's hospital during 1987-88.

The Centre needs further strengthening through establishing links with national health infomatics cenntee eleotonic data pvpoouing ana documentation and en-haBcing supportive services for a more effective: project management.

The socio-political problems in the regitm inhibit extensive field surveys and movement of the research staff amongst the various states in the NE region.

The Centre has nine divisions at the Dibrugarh head-quarters office dealing with cancer biology, virology, immunology and pathology, biochemistry, epidemiology and statistics, clinical research, microbiology and haematology, Malario-logy and the library.

The Centre proposed to establish a core-group for facilitating collaboration! and interaction with the seven NE States. So as to provide them with information about RMRC's activities and facilities; and identify State problems where RMRC's tcchhical inputs would be of benefit,

Assistance to control T.B. in Andbra Pradesh

8192. SHRI T. VENKATRAM REDDY:

SHRI G. PRATHAPA REDDY: -WiU the PRIME MINISTER be pleased to state:

(a) whether Tuberculosis (TB) has broken out on a large scale in Andhra Pradesh;

(b) what assistance has been provided by the Central Government to control T.B, in Andhra Pradesh;

(c) whether this assistance has reached the State Government; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR; C. SILVERA): (a) No, Sir.

(b) During 1994-95 Central assistance under the programme to Andhara Pradesh was Rs. 272.56 lakhs.

(c) & (d) Yes, Sir. Details of Central assistance during 1994-95 under Na tional .Tuberculosis Control Programme

in the state of Andhra Pradesh are as under:—

(Rs. in lakhs)

Anti-TB drugs	Material & Equip-ment	Total
265.84	6.72	272.56

Complaints regarding non-supply of Medicines

819:3. SHRI RAMDAS AGARWAL: Will the PRIME MINISTER be pleased to state:

(a)the number df complaints for non-supply as well as of poor quality of medicines supplied through Central Government Health Scheme received by his Ministry during the last three years and tin date, if so, the action taken thereon, year-wise;

(b) whether Government have fixed any criteria for procuring/supplying es sential medicines to the C.O.H.S. bene ficiaries;

(c) whether Government have recently decided to procure quality medicines from reputed companies; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (D.R. C. SILVERA): (a) The total number of complaints received during the last three years and till date is 42.

The following action has been taken:—

1. Recordable warning has been is sued to the staff members concern ed.

2. CM.Os/M.Os. Incharges were advised to make suitable arrange ments *to* avoid such recurrence.

3. Enquiries were instituted in some cases and the coneemed party was crutioned.

4. Some of the complaints arc being investigated.

(b) All the medicines prescribed to the beneficiaries are supplied from the CG.HS Dispensary. In case of non-avail ability of a particular medicines, the some is procured through special indent/ authority slip from the authorised che mist.

(c) and (d) As per the policy of the-Government, all medicines are procured from the Medical Stores Organisation.

Funetiouing of C.G.H.S. Unani Dispensary, Sarojini Nagar, New Delhi

8194. MAULANA OBAIDULLAH KHAN AZMI: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that the Doctors posted in the C.GH.S. Unani Dispensary, Sarojini Nagar, New Delhi do not observe punctuality which causes a lot of inconvenience to patients;

(b) whether it is also a fact that the attitude and behaviour of the doctors towards the patients is non-cooperative;

(c) whether Government are aware that the quantity of medicines being given to patients is generally less than what is required for the disease;

(d) if so, what are the reasons therefor; and

(e) the steps taken/being taken to re medy the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) No, Sir, at no such cranplaint hag been received.